



Trends, Challenges and Opportunities in Health Information Exchange: A CMS Perspective

September 17, 2014

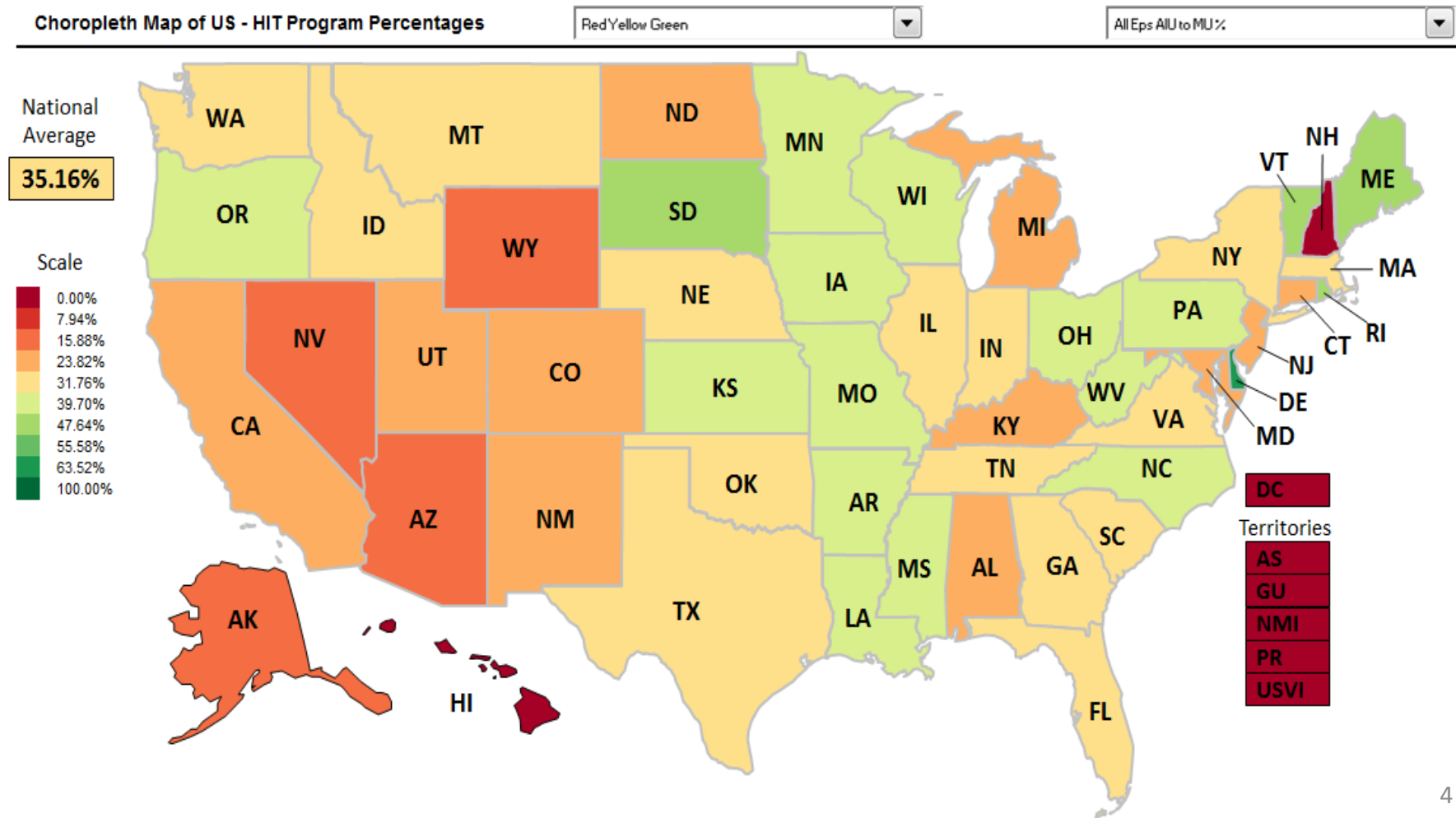
Medicaid Innovation is Underway

- Health homes: 24 programs approved in 15 states
- Delivery System Reform Incentive Pools: 5 states
- Shared Savings states: 4 states
- Integrated Care Models outside of shared savings: Multiple (primary care case management fees)
- Collaborations with Medicare-Medicaid Coordination Office (MMCO) and CMMI (State Innovation Models)
- Over 70% of beneficiaries in managed care arrangements (about 50% in risk-based managed care)
- 47% of Long-Term Services and Supports (LTSS) now in Home and Community-Based Services (HCBS); managed LTSS growing

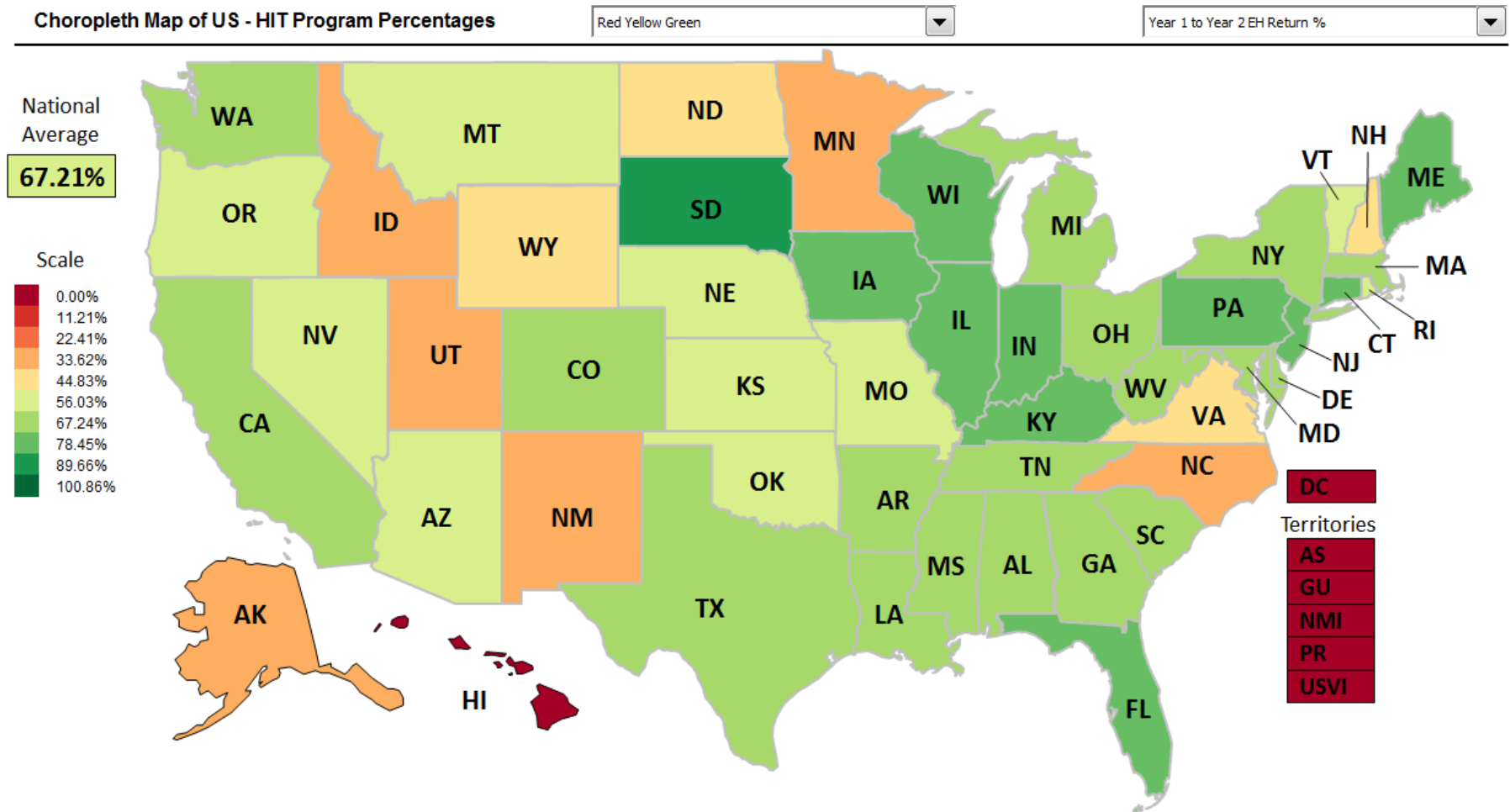
EHR Incentive Program

- HIEs are a natural extension of the EHR Incentive Program
 - As an update:
 - 487,866 Registered Providers
 - \$24,873,262,183 Program Paid to Date
 - 35% return rate (Adopt, Implement, Upgrade (AIU) to Meaningful use (MU)) among eligible professionals
 - 67% return rate (Year 1 to Year 2) among eligible hospitals.
- Business case for multiple measures imperative to the successful achievement of Meaningful Use

EP AIU to MU Return Percentages Nationally



EH AIU to MU Return Percentages Nationally



New HITECH Regulation

- Allows health care providers more flexibility in how they use certified EHR technology (CEHRT) to meet meaningful use for an EHR Incentive Program reporting period for 2014.
- By providing this flexibility, more providers will be able to participate and meet important meaningful use objectives like drug interaction and drug allergy checks, providing clinical summaries to patients, electronic prescribing, reporting on key public health data and reporting on quality measures.
- Specifically, eligible providers can use the 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT for an EHR reporting period in 2014 for the Medicare and Medicaid EHR Incentive Programs; All eligible professionals, eligible hospitals, and CAHs are required to use the 2014 Edition CEHRT in 2015.
- See: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html>

HIT and Data Analytics

- Service delivery and payment reform are dependent upon DATA
 - Operational data (encounters, claims, beneficiaries, providers, Third-Party Liability (TPL), EHR/HIE adoption)
 - Programmatic data (state plan and waiver authorities, quality measures, satisfaction surveys)
 - Clinical Data (health status, outcomes)
- Identification of a) provider quality/delivery patterns; b) positive/negative trends; c) success or challenges of new delivery or payment methods (fast iteration)

Why is Health Information Exchange Important?

- CMS believes that states have a role in promoting EHR adoption and HIE
- HIE is integral to the success of delivery system reforms
- HIE, while having an obvious role in meaningful use, can also transform other aspects of the Medicaid Program
 - Reporting to public health
 - Detecting fraud, waste and abuse
 - Facilitating the submission of clinical quality measures (CHIPRA, ACA, etc.)
 - Data aggregation, analysis, etc. (“extra” services that some HIEs may offer)
 - Enabling better patient engagement and self-management through HIE-supported patient portals

Key Principles

- Costs divided equitably across other payers based upon the OMB-defined “fair share” principle
- Costs appropriately allocated
- Why a public/private partnership requirement?
 - Efficiencies and quality improvements accrue for all participants
 - Governance and risks should not be borne solely or predominately by one payer
 - Maximize broad enough stakeholder involvement to ensure a balanced and responsive HIE market for both private and public sector health systems’ needs.
- Activities leverage efficiencies with other Federal and State HIE funding
- Activities are developmental and time-limited
- HITECH 90% FFP is not for on-going HIE costs once operational

States Utilizing CMS Funding for HIE

- 23 states have successfully applied and are receiving funding
- Possible fundable projects include:
 - Onboarding Providers
 - Public Health Interfaces
 - HIE Infrastructure
 - HIE Core Services
 - Planning

Challenges

- **Meaningful Use Stage 2**

- **Transition of Care Measure**

- EPs must do the following to meet this measure:
 - Measure 1:
 - Provide a summary of care record for more than 50% of transitions of care and referrals.
 - Measure 2:
 - Provide a summary of care record for more than 10% of the total number of transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is an eHealth Exchange (formerly NWHIN exchange) participant or in a manner that is consistent with the governance mechanism ONC establishes for the eHealth Exchange.
 - Measure 3:
 - EPs must also satisfy one of the following criteria:
 - Conduct one or more successful electronic exchanges of a summary of care document, as part of which is counted in “measure 2” with a recipient who has EHR technology that was developed/ designed by a different EHR technology developer than the sender’s EHR technology.
 - Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

Challenges Continued

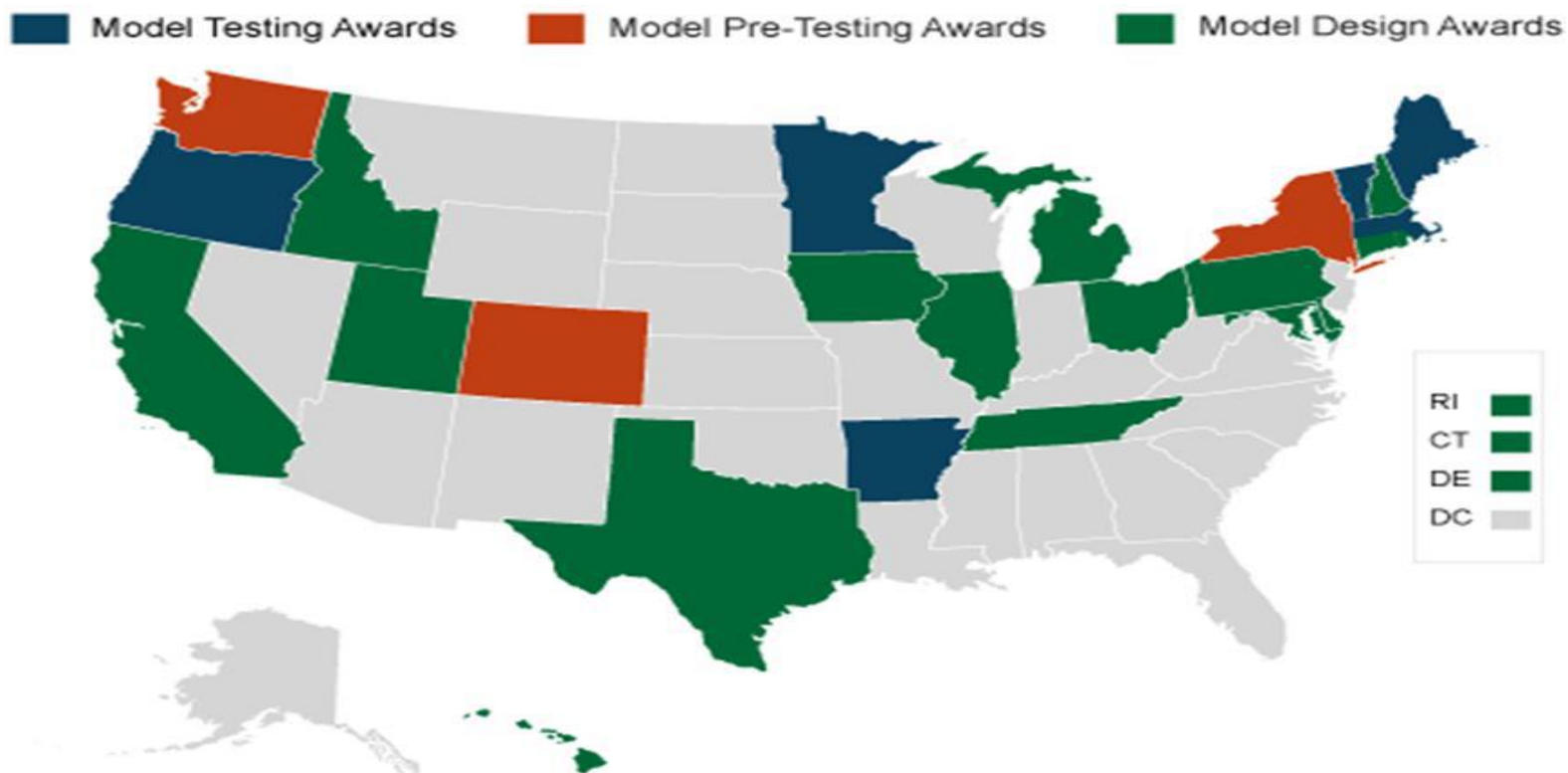
- Provide patients the ability to view online, download and transmit their health information
 - More than 50% of all unique patients are provided online access to their health information within 4 business days after the information is available to the EP.
 - More than 5% of all unique patients view, download or transmit to a third party their health information.
- The Usual Suspects:
 - True Interoperability
 - Sustainability
 - Cost

Trends and Opportunities

- Leveraging infrastructure across multiple programs to achieve economies of scale
- Multiple Federal funding opportunities
- *Better* aligned reporting requirements
- National dependency on data

Speaking of Funding Opportunities...

- State Innovation Models (SIM) Initiative



Source: Centers for Medicare & Medicaid Services

Mission of SIM

The mission of the State Innovation Models Initiative (SIM) is to support states in designing and testing innovative care and payment models that will result in improved health, improved quality of care and lower costs

- Governor-led transformation initiative
- Based on a comprehensive State Health Care Innovation Plan
- Multi-payer commitment to value-based payment
- Provider engagement in health care transformation
- Population health improvement
- Designed to reach the preponderance of care
- Leverage federal resources, national experts and technical assistance contractors
- Ability to produce quantifiable results in improvements in quality, health and cost

Round 1- Where we are now

- In Round 1 (began April 2012), CMS supported:
- **6 Model Test states**
 - Up to \$45M over 3.5 years
 - Implementing innovative approaches to statewide multi-payer payment and service delivery transformation
- **19 Model Design and Pre-Test States**
 - Up to \$3 million over 6-12 months
 - Developed State Healthcare Innovation Plans

Round 1 Model Design/Pre-Test States

- California
- Colorado
- Connecticut
- Delaware
- Hawaii
- Idaho
- Illinois
- Iowa
- Maryland
- Michigan
- New Hampshire
- New York
- Ohio
- Pennsylvania
- Rhode Island
- Tennessee
- Texas
- Utah
- Washington

Round 1 Model Test States

- Arkansas
- Maine
- Massachusetts
- Minnesota
- Oregon
- Vermont

Arkansas

What is the State testing?

- Engaging primary care providers in patient-centered medical homes
- Bundle payments for acute conditions
- Support providers with data, technical assistance and learning system

What is CMMI funding?

- Provider/payer infrastructure and operational support for new care models
- Payment model design (episodes and Patient-Centered Medical Home (PCMH))
- Funding for provider engagement
- Program management, governance, and technical support

Maine

What is the State testing?

- Expanding PCMH, ACO's and Health Homes
- Operate a public-private partnership to accelerate delivery system reform
- Align PCMH model with behavioral health and long term delivery
- Providing data/analytics

What is CMMI funding?

- Initiative support/governance Structure (including personnel)
- Incentives for HIT adoption for behavioral health providers
- Quality measurement and advanced data sharing, and enhanced analytics
- Learning collaborative for providers

Massachusetts

What is the State testing?

- Expand Primary Care Payment Reform Initiative (MassHealth)
- Data Infrastructure for LTSS
- Establish a statewide patient experiences of care measurement strategy

What is CMMI funding?

- Design assistance and project management
- Infrastructure support
- Technical assistance to providers

Minnesota

What is the State testing?

- Broaden Medicaid ACOs to include behavioral health, long-term support services, and social services
- Planning Accountable Communities for Health
- Transformation Center for rural primary care practices

What is CMMI funding?

- Support for data analytics and exchange
- Direct support to providers for transformation
- Design Accountable Communities for Health
- Technical assistance to standardize ACO metrics, payment methodologies

Oregon

What is the State testing?

- Expand coordinated care organization model to cover state employees
- Enhancements to the state Transformation Center that will disseminate best practices among Coordinated Care Organizations (CCOs) and other health plans
- PCMH initiative

What is CMMI funding?

- Design assistance and project management
- Infrastructure support
- Technical assistance to providers
- Advance analytics
- Support staff for Transformation Center

Vermont

What is the State testing?

- Engaging primary care providers in patient-centered medical homes
- Bundle payments for acute conditions
- Support providers with data, technical assistance and learning system

What is CMMI funding?

- Funding for evaluation and advanced analytics
- Technical assistance to providers
- Assistance with payment model design
- Infrastructure and operational support

Round 2

- CMS is launching Round Two of the State Innovation Models initiative to provide up to \$730 million for continued support to existing Model Design states and partner with additional states to accelerate health transformation
 - Up to \$30 million to fund up to 15 Model Design cooperative agreements
 - Up to \$700 million to fund up to 12 Model Test cooperative agreements
 - Applications were due July 21, 2014
 - Expect to announce selected states for Model Design and Model Test cooperative agreement awards Fall 2014

QUESTIONS?

Thank You!

For further questions, please contact:

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